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|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 09/415,986 | FILING DATE 10/12/99 | CLASS 463 | GROUP ART UNIT 3711 | ATTORNEY DOCKET NO. STD-1748 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

DAVID H. SITRICK, HIGHLAND PARK, IL.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 07/887,715 05/22/92 PAT 5,553,864
 WHICH IS A DIV OF 09/184,600 11/02/98
 WHICH IS A DIV OF 08/645,678 05/14/96 PAT 5,830,065
 WHICH IS A CIP OF 07/887,715 05/22/92 PAT 5,553,864

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 ** SMALL ENTITY **

| | | | | | |
|--|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u> | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY IL | SHEETS DRAWING 23 | TOTAL CLAIMS 43 | INDEPENDENT CLAIMS 6 |
|--|---|------------------------|----------------------|--------------------|-------------------------|

ADDRESS

DAVID H SITRICK
 SITRICK AND SITRICK
 8340 N LINCOLN AVENUE SUITE 201
 SKOKIE IL 60077

TITLE

SYSTEM AND METHODOLOGY FOR INTEGRATING USER DATA INTO SEPARATE
 DISPLAY PRESENTATION

| | | |
|------------------------------|---|---|
| FILING FEE RECEIVED \$704 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------|---|---|